



PATIENT

Baxter Campbell

SPECIES

Canine

BREED

Poodle Mix

SEX

Male Neutered

AGE

04/22/2016

WEIGHT

19.5

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Alexis Starr

INVOICE

22292

DATE

1-3-2026

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Baxter is a 9-year-old MN Labrador Retriever presenting with elevated liver enzymes. Baxter started to vomit bile on Christmas day but then this past Monday was fine the O stated. The O stated that Baxter had a Cerenia injection yesterday at the primary. Baxter did not eat this morning or throw up. Baxter since Christmas has had an increase in thirst with an increase in urination and a decrease in appetite. Baxter is currently on Farmers dog and Blue Buffalo. The O is unsure if Baxter ate something that Baxter wasn't supposed to or thinks the neighbors have poisoned the dog. Baxter's urine on Christmas was orange but now is more yellow. Baxter is up to date on vaccines and prevention. Baxter is on medications, but the O can't remember the names and forgot the list at home.

Abnormal lab-work values: Bile Acids Pre and Post**: 01-03-26 9:29am. Pre Meal Bile Acids >420.0 13. umol/L. Post-Meal Bile Acids >420.0 25 umol/L. ALP 1549. Tbili 21.4. ALB, ALT, Crea, K+, TP --> unable to read

Current Medications: Metronidazole - Enrofloxacin 136mg tab: 1 tab PO q24h - Doxycycline 100mg tab: 1 tab PO q12h - Denamarin Chewable 425mg: 1 tab PO q24h - Cerenia 24mg tab: 1 tab PO q24h

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.65 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.62 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.25 cm at cranial pole) (1.29 cm at caudal pole) with swollen peripheral contours. A 1.12 x 0.91 cm hyperechoic-to-heterogenous nodule is observed at the cranial pole. A 1.42 x 1.29 cm hyperechoic-to-heterogenous nodule is also observed at the caudal pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland enlarged at the cranial pole and normal-in-size at the caudal pole (1.00 cm at cranial pole) (0.47 cm at caudal pole). A 1.91 x 1.00 cm hyperechoic-to-heterogenous nodule is observed at the cranial pole. A hyperechoic focus is observed at the caudal pole. Glandular echogenicity and detail in the caudal pole are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.



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Liver

The liver is subjectively normal in size, with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is a slight increased in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 1.56 x 0.75 cm periportal lymph node is visualized.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Given the patient's clinical history and mostly unremarkable hepatic changes, an acute (microscopic) hepatopathy is suspected. Top differentials include infection (i.e., cholangiohepatitis, Leptospirosis) and toxicity. A chronic hepatopathy (i.e., chronic hepatitis, copper hepatotoxicosis, emerging neoplasia) is possible, but considered less likely given the previously normal liver values and the acute onset of symptoms.

- The prominent periportal lymph node is likely reactive, with a lower possibility of emerging neoplasia.

Secondary Findings

- Bilateral adrenal nodules (two nodules in the left adrenal gland, one nodule in the right adrenal gland). Considerations include focal nodular hyperplasia, adenomas, or less likely, emerging adenocarcinomas, pheochromocytomas, other.
- Minor gastric fluid retention
- Minor bilateral age-related renal changes



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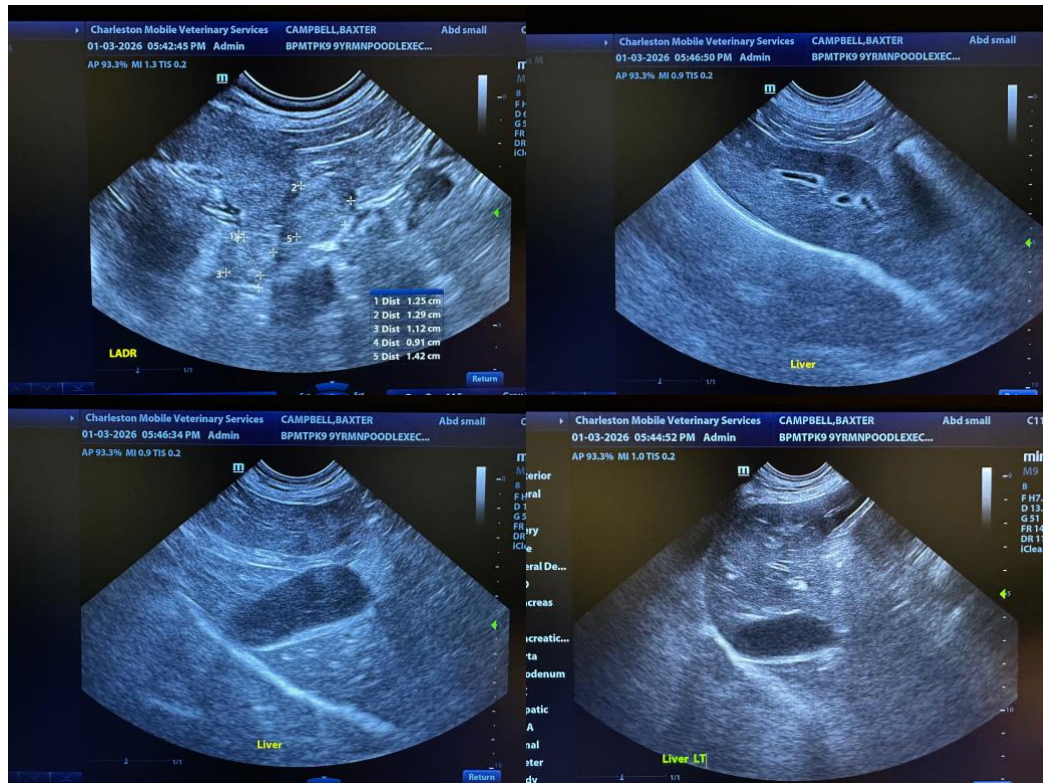
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended. While awaiting test results, aggressive supportive care for bacterial cholangiohepatitis and Leptospirosis is recommended, including broad-spectrum antibiotics, hepatic antioxidants, and other symptomatic measures. If liver values fail to respond to medical management, liver biopsies may be necessary to get a definitive diagnosis. If pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.
- Regarding the adrenal nodules, consider further testing for functional tumors if appropriate clinical signs develop in the future. Also consider a recheck ultrasound in 2-3 months to assess for growth of the lesions. A baseline blood pressure measurement should also be considered.





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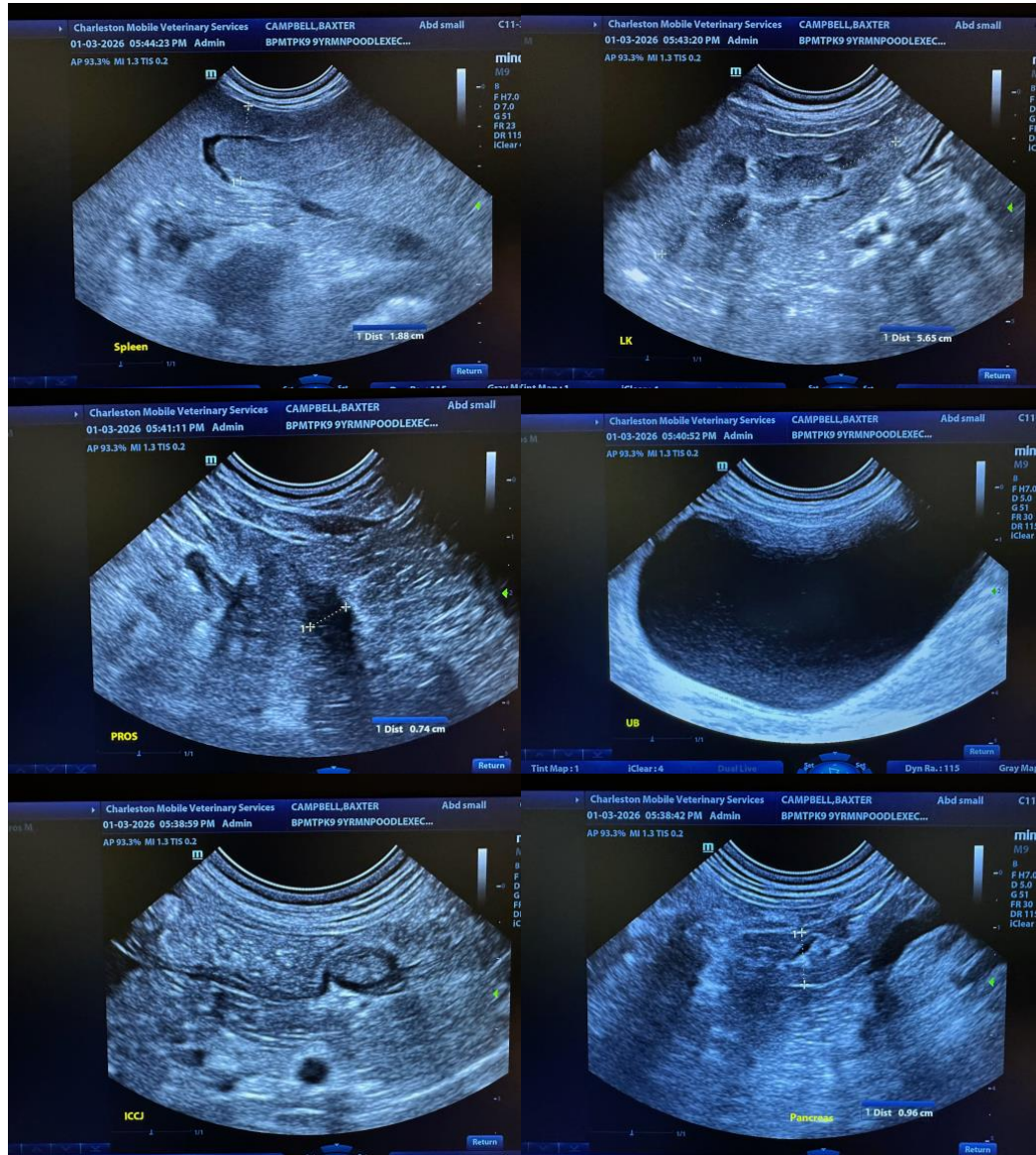
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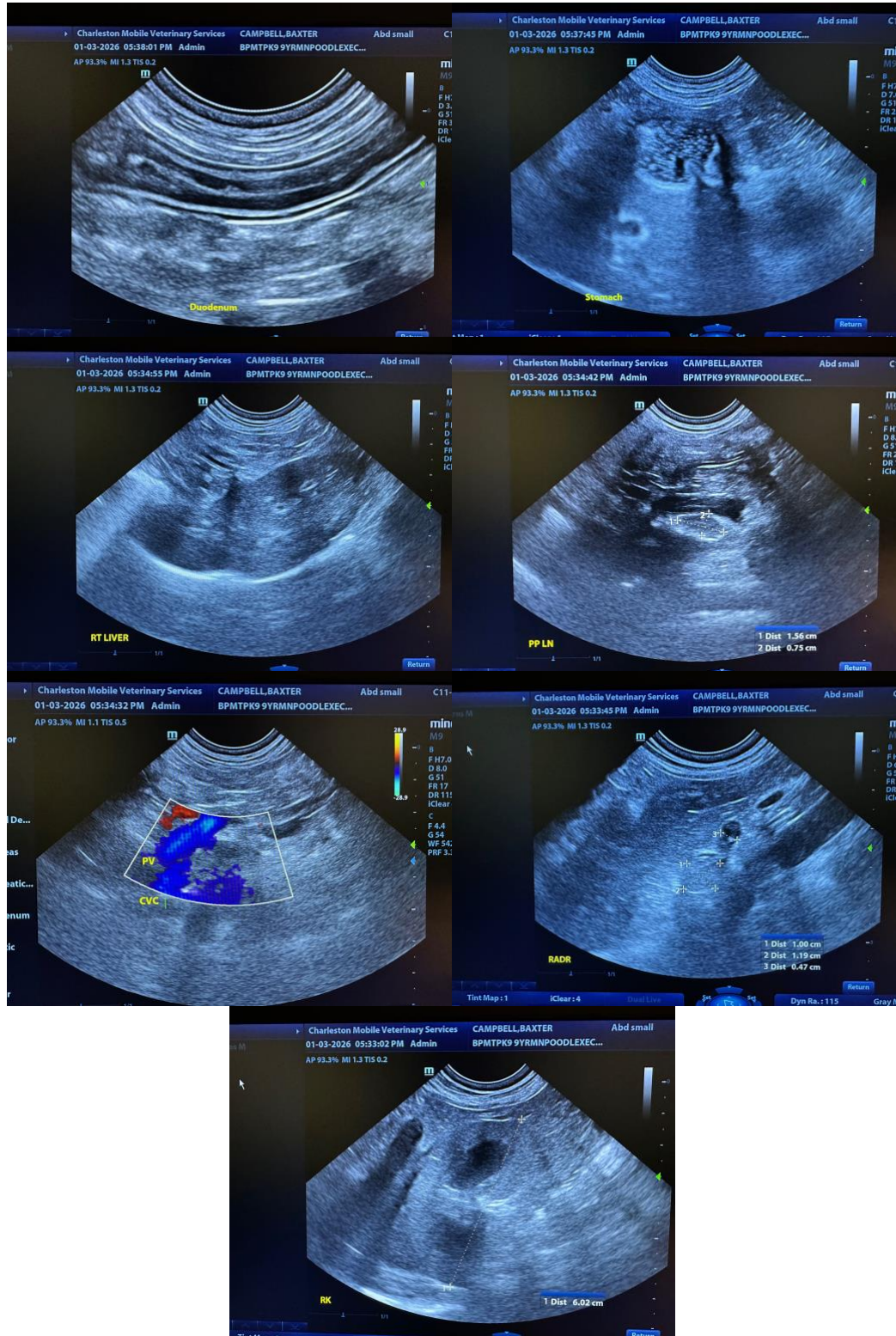
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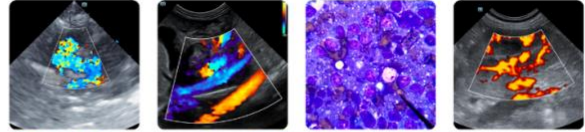
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@SonoPath.com

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